

**Indiana Department of Insurance
Bail Bond Division
311 West Washington St., Suite 103
Indianapolis, IN 46204
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Fax: 317-234-2103**

Bail/Recovery Agent Address Change Form

Agent Name: _____

Old Home Address:

New Home Address:

_____ **County:** _____

Phone: () _____

Old Business Address: _____

New Business Address:

_____ **County:** _____

Phone: () _____

Fax: _____

Email: _____

Business Address where records are kept for exam if different from above:

County: _____